

Idaho Real Estate Licensees Errors and Omissions Program

Underwritten by Continental Casualty Company
and Administered by Rice Insurance Services Company, LLC

Please See Policy Forms and Program Information on our Website: www.risceo.com

NOTICE

According to Idaho Code Title 54, Chapter 20, each real estate licensee who is actively licensed shall as a condition of licensing, carry and maintain errors and omissions insurance to cover all licensed activities. Each licensee has the option of obtaining errors and omissions insurance independently, so long as the coverage complies with the minimum requirements established by the Commission and the licensee obtains a "Certificate of Coverage" signed by an authorized agent or employee of the insurance carrier (which shall be produced for inspection upon request of the Commission). Upon application for issuance or renewal of an active license, you must certify that you are in compliance with the insurance requirements of this chapter. If you currently have coverage with the Commission's group policy, your coverage will expire on October 1, 2004. If coverage under the policy is not renewed or the Commission has not received proof that the licensee has obtained the required coverage from another qualified insurance provider, the Commission will place the license on inactive status effective October 1, 2004.

Enrollment for Errors and Omissions Insurance: In order to maintain a superior program for the Idaho Real Estate Commission's official group program, Rice Insurance Services Company, LLC (RISC) has an agreement with Continental Casualty Company, one of the CNA insurance companies, to provide its policy for the Idaho licensees. RISC's experience and excellent claims service (specializing in real estate E&O) combined with CNA's strong financial performance and ratings (rated "A" by A.M. Best) will provide a quality program for Idaho licensees. **Premium payment of \$135 per licensee for the group program is now due, if you wish to participate in the group program.** Licensees joining the group program after October may pay a prorated premium. Late insurance payments may cause a break in coverage and/or noncompliance with the mandatory insurance requirement. Please contact RISC for the proper premium amount.

The group program provides the required limits of \$100,000/\$300,000 per licensee with a \$1,000 deductible for damages. **ACTIVE** licensees (brokers and salespersons) are **REQUIRED** to carry E&O insurance. A firm which is a corporation, LLC or partnership is also required to carry E&O insurance. A firm policy is not required if the firm is a sole proprietorship. **INACTIVE** licensees are not required to have E&O insurance but may want to purchase an Optional Extended Reporting Period Endorsement (see below.) Before activation of license, a licensee is required to obtain insurance coverage. Please contact your broker to verify that your company participates in the group plan before sending in your premium. The premium is fully earned and the policy does not permit refunds after the inception date.

Optional Coverages Available: Conformity Endorsement, Appraisal Endorsement, Leasing and Property Management Endorsement, Limited Claim Expenses Coverage Environmental Endorsement, Limited Claim Expenses Coverage Fair Housing Endorsement and Limited Claim Expenses Coverage Real Estate Regulatory Complaints Endorsement. To obtain optional endorsement(s), please indicate your selection(s) on the enrollment form (on back) and enclose the appropriate fee. **Note all payments for coverage must be mailed and made payable to RISC.** Please refer to the brochure on our website www.risceo.com for information regarding the program and endorsements available.

Optional Extended Reporting Period (ERP) Endorsement is available for licensees who are currently insured with the Commission's group policy who have placed their license inactive or otherwise have not renewed their coverage. If a licensee retires, places license inactive or allows license to expire, the Oct. 1, 2003 – Oct. 1, 2004 group policy provides the licensee will be insured for claims made and reported within 90 days of the expiration date provided the error or omission upon which the claim is based took place after the "retroactive date" and before the policy expired. In case of cancellation or non-renewal for any reason, the Insured has the option to purchase an ERP endorsement within 90 days after the licensee's policy has terminated. An ERP Endorsement is important because many professional liability claims are not made until months after the underlying transaction occurred. Policyholders with coverage expiring Oct. 1, 2004 may obtain an ERP endorsement for one year (\$135), for two years (\$202.50) or three years (\$270). Please contact us at (800) 637-7319 if you would like to obtain this coverage.

CNA is a service mark and trade name registered with the US Patent and Trademark Office. The program referenced herein is underwritten by Continental Casualty Company, one of the CNA insurance companies. This information is for illustrative purposes only and is not a contract. It is intended to provide a general overview of the products and services offered. Only the policy can provide the actual terms, coverages, amounts, conditions and exclusions. This program is only available in Idaho. ©2004

INDIVIDUAL LICENSE ENROLLMENT FORM

Please Return This Enrollment Form With Your Payment

Please complete the information below.

PLEASE PRINT OR TYPE. Incomplete information may cause a delay in the issuance of your coverage.

If you have any questions or would like additional information on optional coverages, please visit our website www.risceo.com or call us at (800) 637-7319.

Name:	License Type: _____ #: _____
Firm:	Email: _____
Address:	Telephone #: () - (w)
	Telephone #: () - (h)
City, State, Zip:	Fax #: () -
	SS #: _____

Payment Type	Unit Price	Amount Due
Premium (1 year)	Refer to prorate premium chart	
OPTIONAL COVERAGES BELOW: Please note that the optional coverages (other than conformity for other mandated states) are not available for firm licenses.		
Conformity: Circle all applicable mandated states where you are licensed and need proof of E&O coverage. This extension does not apply if you are a non-resident of Idaho. CO IA LA KY MS ND NE NM RI SD TN	\$15 (Regardless of the number of states at time of issuance)	
Appraisal Endorsement (only applies for active real estate licensees)	\$200	
Leasing and Property Management Endorsement	\$100	
Limited Claim Expenses Coverage Environmental Endorsement	\$15	
Limited Claim Expenses Coverage Fair Housing Endorsement	\$15	
Limited Claim Expenses Coverage Real Estate Regulatory Complaints Endorsement	\$15	
Total (add \$135 premium + any optional coverages)		\$

We will verify coverage with the Idaho Real Estate Commission. However, it is your responsibility to provide verification to other commissions and entities. Note all premiums are fully earned at the inception date. After the effective date, no refunds are permitted. Please do not submit your E&O premium to the Idaho Real Estate Commission. All premium payments must be mailed to the address below. Please allow at least 10 business days for processing.

Please make your check or money order payable to: RISC

(We are not currently able to accept check-by-phone, credit card, or on-line payments)

Staple check to this Enrollment Form and Mail Payment to: **PO Box 6709, Louisville, KY 40206-0709**

Overnight Deliveries to: **4211 Norbourne Boulevard, Louisville, KY 40207-4048**

*****PLEASE COMPLETE AND SIGN BELOW*****

Do you have any knowledge of any act, error, omission, fact, or situation which might give rise to a claim against you?

No _____ Yes _____ (if Yes, please attach details on separate sheet)

Applicant declares that the above statements and particulars are true and that Applicant has not suppressed or misstated any material facts, and Applicant agrees that this application shall be the basis of the contract with the Company and that coverage, if written, will be provided on a claims-made basis.

Applicant understands and agrees that the completion of this application does not bind the Company to issuance of a policy. Coverage will be effective no sooner than the day after the postmarked date of the *completed application* (if you have no current coverage) or the expiration date of your current coverage. Please indicate below if another coverage date is requested.

Applicant understands that all premiums are fully earned at policy inception. Applicant hereby agrees to reimburse the Company for any and all costs and expenses the Company may incur by employing a collection agency to collect any overdue deductible. The deductible will be billed to you at the time the expense is incurred by the Company.

Applicant understands that it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

SIGNATURE: _____ **DATE:** _____

Continental Casualty Company
Administered by: RISC Rice Insurance Services Co., LLC

IDAHO – Individual
REAL ESTATE ERRORS & OMISSIONS PROGRAM
OCTOBER 1, 2004 TO OCTOBER 1, 2005

Coverage Effective In Month of:	Premium Amount
October 2004	\$135
November 2004	\$124
December 2004	\$113
January 2005	\$101
February 2005	\$90
March 2005	\$79
April 2005	\$68
May 2005	\$56
June 2005	\$45
July 2005	\$34
August 2005	\$23
September 2005	\$11

OPTIONAL COVERAGES BELOW:

Conformity: Circle all applicable states where you are licensed and need proof of E&O coverage. This extension does not apply if you are a non-resident of Idaho.

CO IA KY LA MS ND NE NM RI SD TN

(Regardless of the number of states at the time of issuance.) \$ 15

Appraisal Endorsement \$200

Leasing and Property Management Endorsement \$100

Limited Claim Expenses Coverage Environmental Endorsement \$ 15

Limited Claim Expenses Coverage Fair Housing Endorsement \$ 15

Limited Claim Expenses Coverage Real Estate Regulatory Complaints Endorsement \$ 15

PLEASE MAKE CHECK PAYABLE TO:

RISC
P.O. Box 6709
Louisville, KY 40206

Overnight Mail Address: 4211 Norbourne Blvd
Louisville, KY 40207